

Bureau of Health Care Quality & Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5185HPC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/01/2009 |
| NAME OF PROVIDER OR SUPPLIER ANGEL CITY HOSPICE, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 1600 E DESERT LN #225 LAS VEGAS, NV 89169 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| L 000 | <p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as the result of an Initial State licensure survey conducted at your agency on May 1, 2009.</p> <p>The state licensure survey was conducted in accordance with Chapter 449, Provisions of Hospice Care, adopted by the State Board of Health July 20, 1990, last amended on November 29, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state and local laws.</p> <p>The following deficiencies were noted:</p> | L 000 | | |
| L 061 | <p>449.0185 REQUIREMENTS OF PROGRAM OF HOSPICE CARE</p> <p>A program of hospice care must comply with the following requirements: 4. Nursing care must be provided by a registered nurse or under the supervision of a registered nurse. This Regulation is not met as evidenced by: Based on record review on 5/1/09, the agency failed to ensure 1 of 2 registered nurses possessed current licensure (Employee #5).</p> <p>Findings include:</p> <p>In the morning, a record review revealed Employee #5 lacked a Nevada license for registered nurse.</p> <p>Severity: 2 Scope: 1</p> | L 061 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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